



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE BUREAU
POWER OF ATTORNEY

FORM
4054
(REV. 7-2011)

I (WE) HEREBY APPOINT _____ AS MY (OUR) ATTORNEY-IN-FACT FOR THE
PURPOSE OF TRANSFERRING OR MAKING APPLICATION FOR TITLE AND REGISTRATION TO THE FOLLOWING DESCRIBED UNIT:

YEAR ____ _	MAKE _____	IDENTIFICATION NUMBER ____ _
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WITH THE FULL AUTHORITY TO SIGN ON MY (OUR) BEHALF ALL PAPERS AND DOCUMENTS AND TO DO ALL THAT IS NECESSARY TO THIS APPOINTMENT.

OWNER'S PRINTED NAME	OWNER'S PRINTED NAME
OWNER'S SIGNATURE	OWNER'S SIGNATURE

NOTARY INFORMATION		
NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	